



460 Columbia Avenue
Castlegar, BC V1N 1G7
Phone: (250) 365-7227
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AGENCY AGREEMENT

Site Address Where Bees Are To Be Kept:			
Lot:	Plan:	DL:	PID:
Name of Beekeeper:		Signature of Beekeeper:	

I/We, the Registered Owner(s) of the property identified above, hereby appoint the person, identified above, as my/our agent with authority to endorse on my/our behalf, the applications, documents and/or permits pertaining to the keeping of Bees on the aforementioned property and to represent me/us in all discussions with the City of Castlegar and its employees regarding the keeping of Bees and the construction of any associated buildings or structures.

THE ABOVE AGENT(S) SHALL BE AUTHORIZED TO ACT ON MY BEHALF ON THE APPLICATIONS BELOW AND/OR TO ACCESS THE INFORMATION BELOW:

Beekeeper License Form	Initial:
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Any correspondence in relation to the project may be sent to the following address:

I/We accept and understand that I/We have the overall responsibilities for ensuring that all Bylaw requirements pertaining to Backyard Hens are adhered to (as described in the Beekeeper Guidelines document).

I/We further understand that this authorization will remain in full force and effect until I/We notify the City of Castlegar in writing that it has been revoked.

Signature(s) of Registered Owner(s)

Please Print Name

Signature

Date:

Please Print Name

Signature

Date: